PTO/SB/01 (08-03) Approved for use through 07/31/2006. OMB 0651-0032

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Attorney Docket Number

DECLARATION FOR UTIL	ITY OR L		<u> </u>							
DESIGN	First N	amed Inventor	Baskin, Brian L.							
PATENT APPLICATION	ON	COMPLETE IF KNOWN								
(37 CFR 1.63)		Application Number								
Declaration Declar	Filing I	Date								
	itted after Initial Art Un	it								
	(surcnarge FR 1 16 (a))	Examiner Name								
requir		ner Name								
I hereby declare that: Each inventor's residence, mailing address, and citizenship are as stated below next to their name.										
I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:										
Brian L. Baskin	1604 Villa	erita Dr								
Campbell CA 95008 USA										
USA										
(Title of the Invention)										
the specification of which Pulse Width Modulator										
is attached hereto										
is attached hereto										
OR was filed on (MM/DD/YYYY)	as	United States App	olication Number or PCT International							
OR	as and was amended on (N	Г	olication Number or PCT International (if applicable).							
OR was filed on (MM/DD/YYYY)	and was amended on (Nerstand the contents of the	/IM/DD/YYYY)	(if applicable).							
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This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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DECLARATION — Utility or D sign Pat nt Application

Direct all correspondence to:	Custome	er Number:	:			OR	V	Corres	pondence address below
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Address 1604 Villarita Dr.									
Campbell				State CA					2IP 95008
Country USA		Telephon	-379	·-8'	25	Fax 4) ~ 8 c	379	-8021
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.									
NAME OF SOLE OR FIRST IN	IVENTOR:		ПАр	etition	has t	oeen filed	d for this	s unsigr	ned inventor
Given Name (first and middle [if any]) Brian L.					Family Name or Surname Baskin				
Inventor's Signature									Date 10/(0/03
Residence: City Campbell	State CA			Cour	ntry SA			Citizer USA	nship
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NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor									
Given Name (first and middle [if any])				Family Name or Surname					
Inventor's Signature									Date
Residence: Citý	State			Coun	Country			Citizenship	
Mailing Address									
City	State				ZIP			Countr	у
Additional inventors or a legal representative are being named on the supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.									